

**Application for License to
Operate a Long-term Care Facility**

For Office Use Only Received <u>10/31/11</u> Amount <u>1650.00</u>
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I. IDENTIFICATION

*Senior Care Operations Holdings, LLC
86353*

Name Rockford Health & Rehabilitation Center
Address 4700 Quinn Drive
City/County/Zip Louisville, Jefferson County, 40216
Telephone number 502-448-5850
Administrator Mary B. Campbell

RECEIVED

OCT 31 2011

OFFICE OF INSPECTOR GENERAL

Date facility operation began at current address 1975

Date facility began operation under current owner July 1, 2005

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	<u> </u>	<u> </u>
Nursing Home	<u> </u>	<u> </u>
Nursing Facility	<u>110</u>	<u> </u>
Intermediate Care	<u> </u>	<u> </u>
ICF/MR	<u> </u>	<u> </u>
Personal Care	<u> </u>	<u> </u>

II. CONTROL (check one in each column)

State <u> </u>	Profit <u>X</u>	Individual <u> </u>
County <u> </u>	Nonprofit <u> </u>	Partnership <u> </u>
City <u> </u>		Corporation <u> </u>
Private <u>X</u>		LLC <u>X</u>

II. OWNERSHIP

Name and address of individual owner, partners or corporation. If partnership, list partners.

New Rockford Manor, LLC
9510 Ormsby Station Road, Suite 101
Louisville, KY 40223

(OVER)

If facility owned or leased by a corporation, complete the following:

Name of corporation United Rehab Realty Holding, LLC

Address of corporation 10350 Ormsby Park Place, #300, Louisville, KY 40223

President or Chairman _____

Ex. Vice President T. Richard Riney and Raymond Lewis

Secretary T. Richard Riney T

Treasurer Brian K. Wood, Treasurer

Attach a separate sheet listing the names and addresses of each person having at least a twenty-five (25) percent ownership interest in the facility.


If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation.

If owned by a partnership, attach a separate sheet listing the names and addresses of each partner.

Name and address of parent corporation and/or management company, if applicable.

Parent	Management Company
<u>Senior Care Operations Holdings, LLC</u>	_____
<u>9510 Ormsby Station Road #101</u>	_____
<u>Louisville, Kentucky 40223</u>	_____

I understand that any change in the application that affects my licensure status will be reported to the Office of Inspector General and a new application will be completed at that time. I agree that this facility and all aspects of its operation shall be open at all times to inspection and surveillance by all state agency licensure personnel. I certify that the information given in completing this application is accurate to the best of my knowledge and recognize that falsification of this application can result in denial or revocation of licensure.

<u></u>	<u>Vice President</u>	<u>10/24/11</u>
Signature of authorized representative	Title	Date

Return Application and fee to:

Office of Inspector General
275 East Main Street, 5E-A
Frankfort, Kentucky 40621

OIG 5
(10/2002)